

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M. P.		2-12-01
O.I.P.E. CLASSIFIER		12	3/2/01
FORMALITY REVIEW	H.S	866	63. 13.001
RESPONSE FORMALITY REVIEW			

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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